

Authorization and Driving History Form

Name: _____ Drivers License No: _____
Address: _____ License Office No.: _____
City: _____ Expiration Date: _____
Class License: _____ Date of Birth: _____
Issue Date: _____

Employed By: _____
Section: _____ Unit: _____
Job Title: _____
Immediate Supervisor's Name: _____

Is it this employee's primary purpose to drive vehicles? _____

Is a current Official Driving Record attached? _____

Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? _____

Date of last Driver Training Course? Month _____ Day _____ Year _____

Class of License: **Endorsements:** **Restrictions:**

A: Combinations Vehicle : ()	T: Double Trailer : ()	L: Airbrakes : ()
B: Heavy Straight Vehicle: ()	P: Passenger Vehicle : ()	Others : ()
C: Light Vehicle : ()	N: Tank Vehicle : ()	
D: Commercial Vehicle : ()	H: Hazardous Material : ()	
E: Personal Vehicle : ()	X: Combination N+H : ()	

USE OF PRIVATE VEHICLE FOR STATE BUSINESS

This is to certify that as a condition of driving my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by LA. R.S. 32:900 (B) (2). I also understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

Employee Signature

Date

AGENCY HEAD OR DESIGNEE STATEMENT

I have reviewed this individual's genuine need to drive a State Vehicle. In conducting this review, I have considered his/her driving experience, type of vehicle to be operated, and one year driving record. The attached operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the vehicles approved by the type of license above. This authorization must be reviewed one year from this date.

Agency Head
(or designated individual)

Date of Authorization

02/3/05
DA 2054